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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

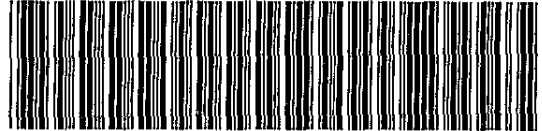
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TALLAHASSEE, FLORIDA

**WICKENS  
HERZER  
PANZA  
COOK &  
BATISTA**

David L. Herzer

Attorney at Law

dherzer@wickenslaw.com

Direct Dial: 440-930-8065  
Main: 440-930-8000  
Cleveland: 216-447-4418  
Facsimile: 440-937-4466

A LEGAL PROFESSIONAL ASSOCIATION

35765 Chester Road  
Avon, OH 44011-1262

November 5, 2003

**VIA UPS NEXT DAY AIR**  
**UPS TRACKING NO. N453 170 219 1**

FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**FILED**  
03 NOV -6 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Formation of Southern Operations Enterprise LLC

Dear Sir or Madam:

Enclosed please find the original signed "Articles of Organization" that we are submitting on behalf of Southern Operations Enterprise LLC Co.

Further enclosed is a completed "transmittal letter" and our check in the amount of \$125.00 as the requisite fees in this regard (\$100.00 filing fee and \$25.00 Designation of Registered Agent).

After registration of the enclosed Articles, please provide me with a letter of acknowledgment at the address indicated above and on the transmittal letter.

Thanking you in advance for your attention to this matter, I remain

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA  
A Legal Professional Association

  
By: David L. Herzer

DLH/clf

Enclosures

cc: Richard A. Puzzitiello, Sr. (w/o enclosures)  
Ross A. Puzzitiello (w/o enclosures)  
Bruce Lange, CPA (w/o enclosures)

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southern Operations Enterprise LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Herzer, Esq.

(Name of Person)

Wickens, Herzer, Panza, Cook & Batista

(Firm/Company)

35765 Chester Road

(Address)

Avon, OH 44011-1262

(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Herzer

(Name of Person)

at ( 440 ) 930-8065

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

Southern Operations Enterprise LLC

### ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1700 N. McMullen Booth Road  
Suite C1  
Clearwater, FL 33759-2129

#### Mailing Address:

1700 N. McMullen Booth Road  
Suite C1  
Clearwater, FL 33759-2129

### ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ross A. Puzzitiello  
1700 N. McMullen Booth Road  
Suite C1  
Clearwater, FL 33759-2129

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Ross A. Puzzitiello, Registered Agent

(CONTINUED)

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

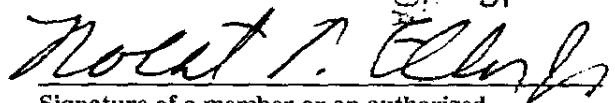
MGRM

Richard A. Puzzitiello, Sr.  
c/o Four Points Management LLLP  
Grand Galleria, Suite 220  
43-46 Norre Gade  
St. Thomas, US Virgin Islands 00802

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert P. Ellis, Jr.

Typed or Printed Name of Signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)